

**SAN LUIS OBISPO COUNTY**  
**PLANNING AND BUILDING DEPARTMENT**



**FY2016 CONTINUUM OF CARE**  
**REQUEST FOR PROPOSALS**

**Local Application for Renewal and New Projects**

**July 11, 2016**



## 2016 CONTINUUM OF CARE PROGRAM FUNDING AVAILABILITY

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING

976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

*Promoting the Wise Use of Land • Helping to Build Great Communities*

### INTRODUCTION

The County of San Luis Obispo is requesting proposals for the 2016 Continuum of Care Program. The U.S. Department of Housing and Urban Development (HUD) conducts an annual CoC Program national competition. San Luis Obispo County Planning Department is the lead agency responsible for completing and submitting the application on behalf of the San Luis Obispo County CoC (CA-614).

Additional information on the HUD CoC Program can be found here:

<https://www.hudexchange.info/coc>

HUD encourages prioritizing projects that address the goals of Ending Chronic Homelessness, Youth Homelessness, Veteran Homelessness, and utilize a Housing First approach. Eligible CoC program components include permanent housing, transitional housing, supportive services with Coordinated Entry, and Homeless Management Information System ("HMIS"). Eligible activities under each of the components vary, but overall include: acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, supportive services, and HMIS.

### LOCAL APPLICATIONS

Applicants for renewal and new projects are required to submit a Local Application by the deadline. There is a separate Local Application for renewal projects (Renewal Local Application) and for new projects (Local Application for New Projects). Applicants should complete the Local Application only for the applicable project type depending on whether it is a renewal or new project.

The lead agency may request additional application materials and/or information at a later date. It is anticipated that any additional materials and information will be requested when HUD publishes the FY2016 CoC e-snaps Project Application; at that time, the lead agency may request that the project applicant complete 'Exhibit 2' in e-snaps.

### RENEWAL PROJECTS

Currently awarded CoC projects that end in calendar year 2017 are eligible for renewal funding. Applicants for renewal projects must complete the **RENEWAL LOCAL APPLICATION** indicating their intent to reapply for funds in FY2016.

### **NEW PROJECTS**

Applicants for new projects must complete the **LOCAL APPLICATION FOR NEW PROJECTS**. Applications for new projects will be accepted for review *only* if funds are available either through bonus project funds or reallocation.

In the event that funds are available, applications for new projects will be considered only from entities that have submitted a Local Application by the deadline and are proposing, in alignment with HUD priorities:

- A) Permanent Supportive Housing (PSH) dedicated to serving chronically homeless individuals, including unaccompanied youth, and/or families; or
- B) Rapid Rehousing (RRH) dedicated to serving homeless individuals, including unaccompanied youth, and/or families coming directly from the streets or emergency shelter, or individuals and/or families who meet the criteria of paragraph (4) of HUD's definition of homeless.
- C) Supportive Services as a Coordinated Entry Point dedicated to serving chronically homeless individuals, including unaccompanied youth, and/or families.

### **FUNDING AVAILABILITY**

Funding availability for renewal projects is dependent upon the amount made available by the HUD allocation method. Funding for new projects is dependent upon information contained in the HUD FY2016 NOFA, including the opportunity to apply for bonus projects, and any reallocated funds made available through the local project review process. Administrative funds requested for new projects will be limited to no more than ten percent (10%) of the total project budget.

The Annual Renewal Demand (ARD) for FY 2016 renewal projects is \$902,328. All projects submitted within the deadline will be ranked into Tier 1 or Tier 2, with 93% of the ARD reserved for Tier 1-funded projects. Projects that are placed in Tier 2 or bonus projects are conditionally selected by HUD based project score and CoC performance.

### **MATCH REQUIREMENT**

The subrecipient must match all grant funds, except for leasing funds, with no less than twenty-five percent (25%) of funds or in-kind contributions from other sources in accordance with 24 CFR § 578.73. Subrecipients will not be required to meet this match per category, but rather as an aggregate sum.

**DEADLINE: Local Applications for both renewal and new projects must be received by 5:00PM on FRIDAY, JULY 29, 2016**, regardless of the manner submitted. NO LATE OR INCOMPLETE APPLICATIONS WILL BE CONSIDERED.

## **LOCAL APPLICATION SUBMISSION**

Local Applications for both renewal and new projects must be submitted by the deadline and may be submitted by email, postal mail or dropped off at the Planning Counter located at 975 Osos Street, San Luis Obispo, CA 93408. Applicants are encouraged to allow adequate time for mailed materials to be received by the Planning Department by the deadline.

Technical assistance questions may be directed to Ivana Yeung, Continuum of Care Program Manager: 805-781-4099 or [iyeung@co.slo.ca.us](mailto:iyeung@co.slo.ca.us).

### **Submit signed electronic copies of Local Applications to the following email address:**

[iyeung@co.slo.ca.us](mailto:iyeung@co.slo.ca.us) with the Subject line: FY2016 COC APP – *organization name* – *project name*  
(example: FY2016 COC APP-PlanningDept-HMIS)

**If unable to submit electronically**, signed Local Applications can be:

#### **Delivered in-person to:**

FY2016 Continuum of Care Program c/o Ivana Yeung  
SLO County Department of Planning and Building  
Planning Counter  
976 Osos Street, Room 200  
San Luis Obispo, CA 93408

Receptionist at the Planning Counter will receive and time-stamp the applications.

#### **OR**

#### **Mailed to:**

(Applicants are strongly encouraged to mail early to avoid missing the deadline; applications must be *received* by the deadline)

FY2016 Continuum of Care Program c/o Ivana Yeung  
SLO County Department of Planning and Building  
976 Osos Street, Room 200  
San Luis Obispo, CA 93408

## DEFINITIONS APPLICABLE TO THIS FUNDING NOTICE

<b>Acquisition</b> (refer to <a href="#">24 CFR 578.43</a> )	Grant funds may be used to pay up to 100 percent of the cost of acquisition of real property selected by the recipient or subrecipient for use in the provision of housing or supportive services for homeless persons.
<b>Chronically Homeless</b> (refer to <a href="#">24 CFR 578.3</a> )	A homeless individual with a disability (as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)) (or family with an adult, or a minor if there is no adult, head of household) who is homeless and lives in a place not meant for human habitation, safe haven, or in an emergency shelter; and has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least twelve (12) months or on at least four (4) separate occasions in the last three (3) years, as long as the combined occasions equal at least twelve (12) months and each break in homelessness separating the occasions included at least seven (7) consecutive nights of not living in a place not meant for human habitation, safe haven, or in an emergency shelter.
<b>Coordinated Entry System</b> (refer to the County's <a href="#">Investing In Futures</a> webpage)	A process for people to access the prevention, housing and/or other services that they need. Coordinated Entry incorporates uniform screening and assessment, prioritization and program matching, and connections to mainstream services to help those seeking housing and services access appropriate programs more efficiently.
<b>Homeless</b> (refer to <a href="#">24 CFR 578.3</a> and the <a href="#">Defining "Homeless" Rule</a> )	An individual or family who lacks a fixed, regular, and adequate nighttime residence
<b>Housing First</b>	An approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold.
<b>New Construction</b> (refer to <a href="#">24 CFR 578.47</a> )	Grant funds may be used to pay up to 100 percent of the cost of new construction, including the building of a new structure or building an addition to an existing structure that increases the floor area by 100 percent or more, and the cost of land associated with that construction, for use as housing.
<b>Operating Costs</b> (refer to <a href="#">24 CFR 578.55</a> )	Grant funds may be used to pay the costs of the day-to-day operation of permanent housing in a single structure or individual housing units.
<b>Permanent Housing</b> (refer to <a href="#">24 CFR 578.3</a> )	Community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one (1) year, which is renewable for terms that are a minimum of one (1) month long, and is terminable only for cause.
<b>Permanent Supportive Housing</b> (refer to <a href="#">24 CFR 578.3</a> and the <a href="#">Defining "Homeless" Rule</a> )	Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

<b>Rapid Rehousing</b> (refer to <a href="#">24 CFR 578.37(a)(1)(ii)</a> )	Provides supportive services and and/or short-term (up to three (3) months) and/or medium-term (for three (3) to 24 months) tenant-based rental assistance as necessary to help homeless households move as quickly as possible into permanent housing and achieve stability in that housing.
<b>Rehabilitation</b> (refer to <a href="#">24 CFR 578.45</a> )	Grant funds may be used to pay up to 100 percent of the cost of rehabilitation of structures to provide housing or supportive services to homeless persons.
<b>Scattered-Site Leasing</b> (refer to <a href="#">24 CFR 578.49</a> )	Grant funds are used to lease individual housing units throughout San Luis Obispo County; the project sponsor has a master lease agreement with the landlord/owner of the housing unit and a sublease with the program participant.
<b>Severe Service Needs</b> (refer to <a href="#">Notice CPD-14-012</a> )	History of high utilization of crisis services or significant health or behavioral health challenges or functional impairments that require a significant level of support in order to maintain permanent housing.
<b>Supportive Services</b> (refer to <a href="#">24 CFR 578.53</a> )	Grant funds may be used to pay supportive services that address the special needs of the program participants. Only the specific supportive services described in 24 CFR 578.53 are eligible.
<b>Tenant-Based Rental Assistance</b>	Program participants locate housing of their choice in the private rental market; program participants have lease agreements with the landlord/owner of the housing unit.
<b>Youth</b>	Persons under 25 years of age.



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### RENEWAL LOCAL APPLICATION

<b>PROJECT NAME:</b>
<b>BASIC INFORMATION</b>
AGENCY: _____
PRIMARY CONTACT NAME: _____
MAILING ADDRESS: _____ _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____
UNIQUE ENTITY: _____

<b>INTENT TO REAPPLY</b>
THE AGENCY INTENDS TO APPLY FOR RENEWAL FUNDING IN FISCAL YEAR (FY) 2016
<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>THRESHOLD CRITERIA. THE LOCAL APPLICATION MUST BE RECEIVED BY THE DEADLINE. PROJECTS THAT DO NOT MEET THE THRESHOLD CRITERIA WILL NOT BE SCORED.</b>
PROJECT IS CONSISTENT WITH THE <a href="#">10-YEAR PLAN TO END HOMELESSNESS</a> AND THE <a href="#">CONSOLIDATED PLAN</a>
<input type="checkbox"/> YES <input type="checkbox"/> NO
THE AGENCY HAS NO OUTSTANDING COUNTY OR HUD MONITORING FINDINGS AND/OR OIG AUDIT FINDINGS
<input type="checkbox"/> YES <input type="checkbox"/> NO
PROJECT COMPLIES WITH THE REQUIREMENTS OF THE <a href="#">COC INTERIM RULE</a> (24 CFR PART 578)
<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>COC INTERIM RULE COMPLIANCE:</b> THE PROJECT ACCEPTS REFERRALS EXCLUSIVELY FROM THE COORDINATED ENTRY SYSTEM. REFERRALS ARE BASED ON LOCAL PRIORITIES AND PREFERENCES (WHICH CONSIDER LENGTH OF TIME HOMELESS, THE VULNERABILITIES OF PARTICIPANTS AND/OR SEVERITY OF SERVICE NEEDS) FOR THE PROJECT TYPE.
<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>COC INTERIM RULE COMPLIANCE:</b> THE PROJECT PARTICIPATES IN THE SAN LUIS OBISPO COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
<input type="checkbox"/> YES <input type="checkbox"/> NO

**LOW-BARRIER AND HOUSING FIRST**

THE PROJECT **DOES NOT** SCREEN OUT PARTICIPANTS BASED ON THE FOLLOWING CRITERIA. SELECT ALL THAT APPLY. BY CHECKING ALL OF THE FIRST FIVE (5) BOXES, THIS PROJECT WILL BE CONSIDERED LOW-BARRIER.

- HAVING TOO LITTLE OR NO INCOME ☐
- ACTIVE OR HISTORY OF SUBSTANCE ABUSE ☐
- HAVING A CRIMINAL RECORD WITH EXCEPTIONS FOR STATE-MANDATED RESTRICTIONS ☐
- HAVING AN EVICTION RECORD ☐
- HISTORY OF DOMESTIC VIOLENCE (E.G., LACK OF A PROTECTIVE ORDER, PERIOD OF SEPARATION FROM ABUSER, OR LAW ENFORCEMENT INVOLVEMENT) ☐

THE PROJECT **DOES NOT** TERMINATE PARTICIPANTS FROM THE PROGRAM FOR THE FOLLOWING REASONS. SELECT ALL THAT APPLY.

- FAILURE TO PARTICIPATE IN SUPPORTIVE SERVICES ☐
- FAILURE TO MAKE PROGRESS ON A SERVICE PLAN ☐
- LOSS OF INCOME OR FAILURE TO IMPROVE INCOME ☐
- BEING A VICTIM OF DOMESTIC VIOLENCE ☐
- ANY OTHER ACTIVITY NOT COVERED IN A LEASE AGREEMENT TYPICALLY FOUND IN THE PROJECT'S GEOGRAPHIC AREA ☐

**PERMANENT SUPPORTIVE HOUSING (PSH) PROJECTS ONLY: DEDICATED CHRONIC HOMELESS BEDS**

IT IS ANTICIPATED THAT THE FY2016 NOFA WILL INCLUDE HUD'S HOMELESSNESS POLICY AND PROGRAM PRIORITY OF **DEDICATING** EXISTING PSH BEDS TO THOSE EXPERIENCING CHRONIC HOMELESSNESS. DEDICATED BEDS CAN SERVE ONLY CHRONICALLY HOMELESS PERSONS (UNLESS THERE ARE NO CHRONICALLY HOMELESS PERSONS IDENTIFIED IN SAN LUIS OBISPO COUNTY). SELECT ONE (1) RESPONSE FROM THE SELECTION BELOW. **FY2015 PROJECTS END IN CALENDAR YEAR 2017. FY2016 PROJECTS, IF AWARDED, WILL END IN CALENDAR YEAR 2018.**

- ☐ THE **FY2015** PSH PROJECT APPLICATION DEDICATES 100% OF BEDS TO CHRONICALLY HOMELESS. FOR **FY2016**, THE AGENCY WILL CONTINUE TO DEDICATE 100% OF PROJECT BEDS TO CHRONICALLY HOMELESS.
- ☐ THE **FY2015** PSH PROJECT APPLICATION DEDICATES *LESS THAN 100%* OF BEDS TO CHRONICALLY HOMELESS. HOWEVER, FOR **FY2016**, ADDITIONAL BEDS WILL BE DEDICATED TO CHRONICALLY HOMELESS. COMPLETE THE CHART BELOW.

FY2015 BEDS			FY2016 BEDS		
DEDICATED	NON-DEDICATED (INCLUDES PRIORITIZED)	TOTAL	DEDICATED	NON-DEDICATED (INCLUDES PRIORITIZED)	TOTAL

- ☐ THE **FY2015** PSH PROJECT APPLICATION DEDICATES *LESS THAN 100%* OF BEDS TO CHRONICALLY HOMELESS. FOR **FY2016**, THERE WILL BE NO CHANGE TO THE NUMBER OF DEDICATED BEDS.

**DEDICATED VETERAN BEDS (ALL PROJECTS)**

THE FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS PRIORITIZES ENDING VETERAN HOMELESSNESS BY 2015. CONSISTENT WITH THAT GOAL, INDICATE THE NUMBER OF BEDS THAT WILL BE DEDICATED TO VETERANS IN **FY2016**. DEDICATED BEDS CAN SERVE ONLY VETERANS (UNLESS THERE ARE NO VETERANS IDENTIFIED IN SAN LUIS OBISPO COUNTY). BEDS DEDICATED TO VETERANS MUST PRIORITIZE THOSE VETERANS WHO ARE INELIGIBLE FOR VETERANS AFFAIRS (VA) SERVICES.



FY2016 BEDS		
DEDICATED	NON-DEDICATED	TOTAL

#### RAPID REHOUSING (RRH) PROJECTS ONLY: BEDS DEDICATED TO FAMILIES AND/OR YOUTH

THE FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS PRIORITIZES ENDING HOMELESSNESS AMONG FAMILIES AND YOUTH BY 2020. CONSISTENT WITH THAT GOAL, INDICATE THE NUMBER OF BEDS THAT WILL BE DEDICATED TO FAMILIES AND YOUTH IN **FY2016**. DEDICATED BEDS CAN SERVE ONLY FAMILIES OR YOUTH (UNLESS THERE ARE NO FAMILIES OR YOUTH IDENTIFIED IN SAN LUIS OBISPO COUNTY).

FY2016 BEDS DEDICATED TO FAMILIES			FY2016 BEDS DEDICATED TO YOUTH		
DEDICATED	NON-DEDICATED	TOTAL	DEDICATED	NON-DEDICATED	TOTAL

#### LENGTH OF TIME TO PLACE HOUSEHOLDS IN PERMANENT HOUSING

IN THE SPACE BELOW, PROVIDE A NARRATIVE RESPONSE OUTLINING THE STRATEGIES EMPLOYED BY THE AGENCY TO RAPIDLY PLACE HOUSEHOLDS IN PERMANENT HOUSING. AT A MINIMUM, DISCUSS:

- THE AGENCY'S CURRENT AVERAGE NUMBER OF DAYS TO PLACE HOUSEHOLDS IN PERMANENT HOUSING FROM THE COORDINATED ENTRY ENROLLMENT DATE
- THE AGENCY'S EFFORTS TO REDUCE THE NUMBER OF DAYS TO PLACE HOUSEHOLDS IN PERMANENT HOUSING FROM THE COORDINATED ENTRY ENROLLMENT DATE
- OBSTACLES TO RAPID PLACEMENT IN PERMANENT HOUSING
- LANDLORD ENGAGEMENT STRATEGIES

**AUTHORIZED SIGNATURE OF APPLICANT:** TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS LOCAL APPLICATION IS TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WHO WILL COMPLY WITH ALL CONTRACTUAL OBLIGATIONS IF THE PROPOSAL IS AWARDED FUNDING. BY SIGNING BELOW, I HEREBY CERTIFY THAT THE AGENCY DOES NOT HAVE ANY OUTSTANDING MONITORING OR AUDIT FINDINGS FROM ANY FEDERAL, STATE, OR LOCAL ENTITY.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

**RENEWAL LOCAL APPLICATIONS MUST BE RECEIVED BY 5:00 PM ON FRIDAY, JULY 29, 2016**



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### LOCAL APPLICATION FOR NEW PROJECTS

PROJECT NAME:

#### BASIC INFORMATION

AGENCY:

PRIMARY CONTACT NAME:

MAILING ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

UNIQUE ENTITY:

**THRESHOLD CRITERIA. THE LOCAL APPLICATION MUST BE RECEIVED BY THE DEADLINE. PROJECTS THAT DO NOT MEET THE THRESHOLD CRITERIA WILL NOT BE SCORED.**

PROJECT IS CONSISTENT WITH THE [10-YEAR PLAN TO END HOMELESSNESS](#) AND THE [CONSOLIDATED PLAN](#)

☐

YES

☐

NO

THE AGENCY HAS NO OUTSTANDING COUNTY OR HUD MONITORING FINDINGS AND/OR OIG AUDIT FINDINGS

☐

YES

☐

NO

PROJECT COMPLIES WITH THE REQUIREMENTS OF THE [COC INTERIM RULE](#) (24 CFR PART 578)

☐

YES

☐

NO

**COC INTERIM RULE COMPLIANCE:** THE PROJECT WILL ACCEPT REFERRALS EXCLUSIVELY FROM THE COORDINATED ENTRY SYSTEM. REFERRALS ARE BASED ON LOCAL PRIORITIES AND PREFERENCES (WHICH CONSIDER LENGTH OF TIME HOMELESS, THE VULNERABILITIES OF PARTICIPANTS AND/OR SEVERITY OF SERVICE NEEDS) FOR THE PROJECT TYPE.

☐

YES

☐

NO

**COC INTERIM RULE COMPLIANCE:** THE PROJECT WILL PARTICIPATE IN THE SAN LUIS OBISPO COUNTY HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

☐

YES

☐

NO

**PROJECT TYPE:** IN ALIGNMENT WITH HUD PRIORITIES, THE PROJECT IS:

☐

**A) PERMANENT SUPPORTIVE HOUSING DEDICATED TO SERVING CHRONICALLY HOMELESS**

☐

**B) RAPID REHOUSING DEDICATED TO HOMELESS HOUSEHOLDS COMING DIRECTLY FROM THE STREETS OR SHELTER, OR HOUSEHOLDS MEETING THE CRITERIA OF PARAGRAPH (4) OF HUD'S DEFINITION OF HOMELESS**

☐

**C) SUPPORTIVE SERVICES – COORDINATED ENTRY POINT DEDICATED TO SERVING CHRONICALLY HOMELESS**

LOW-BARRIER AND HOUSING FIRST	
<p>THE PROJECT <b><i>WILL NOT</i></b> SCREEN OUT PARTICIPANTS BASED ON THE FOLLOWING CRITERIA. SELECT ALL THAT APPLY. BY CHECKING ALL OF THE FIRST FIVE (5) BOXES, THIS PROJECT WILL BE CONSIDERED LOW-BARRIER.</p>	
HAVING TOO LITTLE OR NO INCOME	<input type="checkbox"/>
ACTIVE OR HISTORY OF SUBSTANCE ABUSE	<input type="checkbox"/>
HAVING A CRIMINAL RECORD WITH EXCEPTIONS FOR STATE-MANDATED RESTRICTIONS	<input type="checkbox"/>
HAVING AN EVICTION RECORD	<input type="checkbox"/>
HISTORY OF DOMESTIC VIOLENCE (E.G., LACK OF A PROTECTIVE ORDER, PERIOD OF SEPARATION FROM ABUSER, OR LAW ENFORCEMENT INVOLVEMENT)	<input type="checkbox"/>
<p>THE PROJECT <b><i>WILL NOT</i></b> TERMINATE PARTICIPANTS FROM THE PROGRAM FOR THE FOLLOWING REASONS. SELECT ALL THAT APPLY.</p>	
FAILURE TO PARTICIPATE IN SUPPORTIVE SERVICES	<input type="checkbox"/>
FAILURE TO MAKE PROGRESS ON A SERVICE PLAN	<input type="checkbox"/>
LOSS OF INCOME OR FAILURE TO IMPROVE INCOME	<input type="checkbox"/>
BEING A VICTIM OF DOMESTIC VIOLENCE	<input type="checkbox"/>
ANY OTHER ACTIVITY NOT COVERED IN A LEASE AGREEMENT TYPICALLY FOUND IN THE PROJECT'S GEOGRAPHIC AREA	<input type="checkbox"/>

  

PROJECT DETAIL	
<p><b>PROJECT DESCRIPTION</b> (LIMIT RESPONSE TO THE SPACE PROVIDED)</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	
<p><b>FUNDING REQUEST:</b> REFER TO THE FUNDING NOTICE FOR REQUEST REQUIREMENTS/LIMITATIONS.</p>	
<p>CAPITAL REQUEST: ACQUISITION/REHABILITATION/NEW CONSTRUCTION: \$ _____</p>	
NON-CAPITAL REQUEST	HOUSING COSTS (LEASING, RENTAL ASSISTANCE, OR OPERATING): \$ _____
	SUPPORTIVE SERVICE COSTS: \$ _____
	ADMINISTRATIVE COSTS: \$ _____
	<b>TOTAL NON-CAPITAL FUNDS REQUESTED:</b> \$ _____
<p>MATCH COMMITMENT (MUST BE USED FOR COC-ELIGIBLE COSTS): \$ _____</p>	
<p>PERCENTAGE OF NON-CAPITAL PROJECT FUNDS REPRESENTED BY HOUSING COSTS: _____ %</p>	
<p>PERCENTAGE OF NON-CAPITAL PROJECT FUNDS REPRESENTED BY SUPPORTIVE SERVICE COSTS: _____ %</p>	
<p>PERCENTAGE OF NON-CAPITAL PROJECT FUNDS REPRESENTED BY ADMINISTRATIVE COSTS: _____ %</p>	
<p><b>PROJECT SCALE-ABILITY:</b> INDICATE WHETHER THE PROJECT IS SCALE-ABLE, INCLUDING WHETHER THE PROJECT CAN BE SCALED DOWN IF LESS FUNDING IS AVAILABLE AND IF THE AGENCY HAS THE CAPACITY TO SCALE THE PROJECT UP IF MORE FUNDING IS AVAILABLE.</p>	
<p><b>PROJECT CAN BE SCALED DOWN:</b></p>	

☐ YES ☐ NO

**PROJECT CAN BE SCALED UP:**

☐ YES ☐ NO

**TARGET POPULATION:** THE PROJECT WILL BE TARGETED TO THE FOLLOWING HOUSEHOLDS. INDICATE THE PROJECTED TOTAL NUMBER OF HOUSEHOLDS AND PERSONS FROM EACH TARGET POPULATION TO BE SERVED OVER THE COURSE OF THE PROGRAM YEAR. CHECK ALL THAT APPLY.

<input type="checkbox"/>	<b>HOUSEHOLDS WITHOUT CHILDREN</b>	<input type="checkbox"/>	<b>HOUSEHOLDS WITH CHILDREN</b>	<input type="checkbox"/>	<b>HOUSEHOLDS WITH ONLY CHILDREN</b>												
	<table border="1"><tr><th>HOUSEHOLDS (#)</th><th>PERSONS (#)</th></tr><tr><td></td><td></td></tr></table>	HOUSEHOLDS (#)	PERSONS (#)				<table border="1"><tr><th>HOUSEHOLDS (#)</th><th>PERSONS (#)</th></tr><tr><td></td><td></td></tr></table>	HOUSEHOLDS (#)	PERSONS (#)				<table border="1"><tr><th>HOUSEHOLDS (#)</th><th>PERSONS (#)</th></tr><tr><td></td><td></td></tr></table>	HOUSEHOLDS (#)	PERSONS (#)		
HOUSEHOLDS (#)	PERSONS (#)																
HOUSEHOLDS (#)	PERSONS (#)																
HOUSEHOLDS (#)	PERSONS (#)																

**HOUSING INVENTORY** (AT MAXIMUM PROGRAM CAPACITY; REFLECTS THE NUMBER SERVED AT A SINGLE POINT IN TIME, NOT THE NUMBER SERVED OVER THE COURSE OF THE PROGRAM YEAR.)

TOTAL UNITS (#)		TOTAL BEDS (#)			
TARGETED TO HOUSEHOLDS WITHOUT CHILDREN		TARGETED TO HOUSEHOLDS WITH CHILDREN		TARGETED TO HOUSEHOLDS WITH ONLY CHILDREN	
UNITS (#)	BEDS (#)	UNITS (#)	BEDS (#)	UNITS (#)	BEDS (#)

**DEDICATED BEDS (#) (SUBSET OF TOTAL BEDS ABOVE)** DEDICATED BEDS MUST BE FILLED BY A PERSON IN THE SUBPOPULATION CATEGORY (AND THEIR FAMILY MEMBERS). THE NUMBER OF DEDICATED BEDS IS A SUBSET OF THE TOTAL BED INVENTORY FOR THE PROJECT AND MUST BE EQUAL TO OR LESS THAN THE TOTAL BED INVENTORY.

CHRONIC HOMELESS	VETERANS	FAMILIES	YOUTH

**MAINSTREAM SERVICES:** THE PROJECT WILL PROVIDE TRANSPORTATION ASSISTANCE TO CLIENTS TO ATTEND MAINSTREAM BENEFIT APPOINTMENTS, EMPLOYMENT TRAININGS, OR JOBS

☐ YES ☐ NO

**MAINSTREAM SERVICES:** THE PROJECT WILL ASSIST PARTICIPANTS IN ACCESSING MAINSTREAM BENEFITS

☐ YES ☐ NO

**MAINSTREAM SERVICES:** THE PROJECT WILL FOLLOW-UP WITH PARTICIPANTS AT LEAST ANNUALLY TO ENSURE MAINSTREAM BENEFITS ARE RECEIVED AND RENEWED

☐ YES ☐ NO

**LEVERAGE:** THE AGENCY ANTICIPATES THAT THE FOLLOWING SOURCES WILL BE USED AS LEVERAGE FOR THE PROJECT. LEVERAGE IS DISTINCT FROM MATCH. LEVERAGED FUNDS CAN BE USED FOR ANY PROGRAM RELATED COSTS. AT THE COUNTY'S REQUEST, THE AGENCY MUST OBTAIN LETTER(S) OF COMMITMENT FROM EACH SOURCE LISTED.

1. NAME OF SOURCE: _____	COMMITMENT AMOUNT: \$ _____
2. NAME OF SOURCE: _____	COMMITMENT AMOUNT: \$ _____
3. NAME OF SOURCE: _____	COMMITMENT AMOUNT: \$ _____
4. NAME OF SOURCE: _____	COMMITMENT AMOUNT: \$ _____

5. NAME OF SOURCE: _____	COMMITMENT AMOUNT: \$ _____			
6. NAME OF SOURCE: _____	COMMITMENT AMOUNT: \$ _____			
<b>TOTAL COMMITMENT:</b> \$ _____				
<b>PERCENTAGE LEVERAGE (OF PROJECT FUNDS REQUESTED):</b> _____ %				
<b>PROJECTED MILESTONES:</b> ENTER THE NUMBER OF DAYS FROM THE EXECUTION OF THE GRANT AGREEMENT (IF AWARDED) THAT EACH OF THE FOLLOWING MILESTONES WILL OCCUR, FOR EACH STRUCTURE IN THE PROJECT. IF THE PROJECT HAS ONLY ONE (1) STRUCTURE OR STRUCTURES, COMPLETE ONLY COLUMN A. ENTER "N/A" IF THE EVENT IS NOT APPLICABLE.				
PROJECT MILESTONE	DAYS FROM EXECUTION OF GRANT AGREEMENT			
	STRUCTURE A	STRUCTURE B	STRUCTURE C	STRUCTURE D
CLOSING ON PURCHASE OF LAND, STRUCTURE, OR EXECUTION OF LEASE				
LAST UNIT LEASED, IF LEASING SCATTERED UNITS				
REHABILITATION STARTED				
REHABILITATION COMPLETED				
NEW CONSTRUCTION STARTED				
NEW CONSTRUCTED COMPLETED				
OPERATIONS STAFF HIRED				
RESIDENTS BEGIN TO OCCUPY				
SUPPORTIVE SERVICES BEGIN				
PROJECT AT CAPACITY OR FACILITY NEAR 100% OCCUPIED				
ENROLLMENT IN SUPPORTIVE SERVICES NEAR 100% CAPACITY				

  

FOR PROJECT TYPE A (PERMANENT SUPPORTIVE HOUSING) ONLY		
<b>HOUSING ASSISTANCE:</b> THE PROJECT WILL PROVIDE THE FOLLOWING TYPE OF HOUSING ASSISTANCE:		
<input type="checkbox"/> LEASING	<input type="checkbox"/> RENTAL ASSISTANCE	<input type="checkbox"/> OPERATING COSTS
IF LEASING, SELECT THE APPLICABLE TYPE OF LEASING:  <input type="checkbox"/> LEASED STRUCTURE <input type="checkbox"/> SCATTERED-SITE LEASING	IF RENTAL ASSISTANCE WILL BE PROVIDED, SELECT THE APPLICABLE TYPE OF RENTAL ASSISTANCE:  <input type="checkbox"/> PROJECT-BASED RENTAL ASSISTANCE <input type="checkbox"/> SPONSOR-BASED RENTAL ASSISTANCE <input type="checkbox"/> TENANT-BASED RENTAL ASSISTANCE	
<b>TARGET POPULATION:</b> THE PROJECT WILL EXCLUSIVELY SERVE CHRONICALLY HOMELESS PERSONS, PRIORITIZING THOSE PERSONS WITH THE LONGEST HISTORIES OF HOMELESSNESS AND THE MOST SEVERE SERVICE NEEDS:		
<input type="checkbox"/> YES <input type="checkbox"/> NO, SPECIFY TARGET POPULATION: _____		

**PROJECTED OUTCOMES**

THE **UNIVERSE (#)** IS THE TOTAL NUMBER OF PERSONS ABOUT WHOM THE MEASURE IS EXPECTED TO BE REPORTED. THE **UNIVERSE (#)** IS THE TOTAL POOL OF PERSONS THAT COULD BE AFFECTED.

THE **TARGET (#)** IS THE NUMBER OF APPLICABLE CLIENTS FROM THE UNIVERSE THAT ARE EXPECTED TO ACHIEVE THE MEASURE WITHIN THE OPERATING YEAR. THE **TARGET (#)** IS THE TOTAL NUMBER OF PERSONS FROM THE POOL THAT ARE AFFECTED.

THE **TARGET (%)** IS THE PERCENTAGE OF APPLICABLE CLIENTS FROM THE UNIVERSE THAT ARE EXPECTED TO ACHIEVE THE MEASURE WITHIN THE OPERATING YEAR.

**HOUSING MEASURE.** PERSONS REMAINING IN PERMANENT HOUSING AT THE END OF THE OPERATING YEAR OR EXITING TO PERMANENT HOUSING DURING THE OPERATING YEAR.

TARGET (#)	UNIVERSE (#)	TARGET (%)

**INCOME MEASURE 1.** PERSONS (18+) WHO MAINTAIN OR INCREASE THEIR TOTAL INCOME (FROM ALL SOURCES) AS OF THE END OF THE OPERATING YEAR OR PROGRAM EXIT.

TARGET (#)	UNIVERSE (#)	TARGET (%)

**INCOME MEASURE 2.** PERSONS (18+) WHO MAINTAIN OR INCREASE THEIR EARNED INCOME AS OF THE END OF THE OPERATING YEAR OR PROGRAM EXIT.

TARGET (#)	UNIVERSE (#)	TARGET (%)

**FOR PROJECT TYPE B (RAPID REHOUSING) ONLY**

**HOUSING ASSISTANCE:** THE PROJECT WILL PROVIDE THE FOLLOWING TYPE OF HOUSING ASSISTANCE:

☐ TENANT-BASED RENTAL ASSISTANCE

**TARGET POPULATION:** THE PROJECT WILL EXCLUSIVELY SERVE HOMELESS PERSONS COMING DIRECTLY FROM THE STREETS OR EMERGENCY SHELTER OR HOUSEHOLDS MEETING THE CRITERIA OF PARAGRAPH (4) OF HUD'S DEFINITION OF HOMELESS

☐ YES ☐ NO, SPECIFY TARGET POPULATION:

**PROJECTED OUTCOMES**

THE **UNIVERSE (#)** IS THE TOTAL NUMBER OF PERSONS ABOUT WHOM THE MEASURE IS EXPECTED TO BE REPORTED. THE **UNIVERSE (#)** IS THE TOTAL POOL OF PERSONS THAT COULD BE AFFECTED.

THE **TARGET (#)** IS THE NUMBER OF APPLICABLE CLIENTS FROM THE UNIVERSE THAT ARE EXPECTED TO ACHIEVE THE MEASURE WITHIN THE OPERATING YEAR. THE **TARGET (#)** IS THE TOTAL NUMBER OF PERSONS FROM THE POOL THAT ARE AFFECTED.

THE **TARGET (%)** IS THE PERCENTAGE OF APPLICABLE CLIENTS FROM THE UNIVERSE THAT ARE EXPECTED TO ACHIEVE THE MEASURE WITHIN THE OPERATING YEAR.

**HOUSING MEASURE 1.** PERSONS EXITING TO PERMANENT HOUSING DURING THE OPERATING YEAR.

TARGET (#)	UNIVERSE (#)	TARGET (%)

**HOUSING MEASURE 2.** PERSONS WHO ARE PLACED IN PERMANENT HOUSING WITHIN 30 DAYS OF ENTRY INTO THE PROJECT.

TARGET (#)	UNIVERSE (#)	TARGET (%)
<b>INCOME MEASURE 1.</b> PERSONS (18+) WHO INCREASE THEIR TOTAL INCOME (FROM ALL SOURCES) AS OF THE END OF THE OPERATING YEAR OR PROGRAM EXIT.		
TARGET (#)	UNIVERSE (#)	TARGET (%)
<b>INCOME MEASURE 2.</b> PERSONS (18+) WHO INCREASE THEIR EARNED INCOME AT OF THE END OF THE OPERATING YEAR OR PROGRAM EXIT.		
TARGET (#)	UNIVERSE (#)	TARGET (%)

FOR PROJECT TYPE C (SUPPORTIVE SERVICES + COORDINATED ENTRY) ONLY		
<b>TARGET POPULATION:</b> THE PROJECT WILL EXCLUSIVELY SERVE HOMELESS PERSONS COMING DIRECTLY FROM THE STREETS OR EMERGENCY SHELTER OR HOUSEHOLDS MEETING THE CRITERIA OF PARAGRAPH (4) OF HUD'S DEFINITION OF HOMELESS <input type="checkbox"/> YES <input type="checkbox"/> NO, SPECIFY TARGET POPULATION:		
<b>PROJECTED OUTCOMES</b> <i>THE <b>UNIVERSE (#)</b> IS THE TOTAL NUMBER OF PERSONS ABOUT WHOM THE MEASURE IS EXPECTED TO BE REPORTED. THE UNIVERSE (#) IS THE TOTAL POOL OF PERSONS THAT COULD BE AFFECTED.</i>  <i>THE <b>TARGET (#)</b> IS THE NUMBER OF APPLICABLE CLIENTS FROM THE UNIVERSE THAT ARE EXPECTED TO ACHIEVE THE MEASURE WITHIN THE OPERATING YEAR. THE <b>TARGET (#)</b> IS THE TOTAL NUMBER OF PERSONS FROM THE POOL THAT ARE AFFECTED.</i>  <i>THE <b>TARGET (%)</b> IS THE PERCENTAGE OF APPLICABLE CLIENTS FROM THE UNIVERSE THAT ARE EXPECTED TO ACHIEVE THE MEASURE WITHIN THE OPERATING YEAR.</i>		
<b>HOUSING MEASURE 1.</b> PERSONS EXITING TO PERMANENT HOUSING DURING THE OPERATING YEAR.		
TARGET (#)	UNIVERSE (#)	TARGET (%)
<b>HOUSING MEASURE 2.</b> PERSONS WHO ARE PLACED IN PERMANENT HOUSING WITHIN 30 DAYS OF ENTRY INTO THE PROJECT.		
TARGET (#)	UNIVERSE (#)	TARGET (%)
<b>INCOME MEASURE 1.</b> PERSONS (18+) WHO INCREASE THEIR TOTAL INCOME (FROM ALL SOURCES) AS OF THE END OF THE OPERATING YEAR OR PROGRAM EXIT.		
TARGET (#)	UNIVERSE (#)	TARGET (%)
<b>INCOME MEASURE 2.</b> PERSONS (18+) WHO INCREASE THEIR EARNED INCOME AT OF THE END OF THE OPERATING YEAR OR PROGRAM EXIT.		
TARGET (#)	UNIVERSE (#)	TARGET (%)

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**AGENCY EXPERIENCE & CAPACITY**

**FEDERAL FUNDING:** THE AGENCY CURRENTLY OPERATES PROJECT(S) THAT RECEIVE FEDERAL FUNDING. IF YES, LIST AT LEAST ONE (1) PROJECT NAME AND PROGRAM OF A FEDERALLY FUNDED PROJECT CURRENTLY OPERATED BY THE AGENCY.

☐ YES ☐ NO

1.PROJECT NAME: _____	FEDERAL PROGRAM: _____
2.PROJECT NAME: _____	FEDERAL PROGRAM: _____
3.PROJECT NAME: _____	FEDERAL PROGRAM: _____
4.PROJECT NAME: _____	FEDERAL PROGRAM: _____
5.PROJECT NAME: _____	FEDERAL PROGRAM: _____

**FINANCIAL MANAGEMENT CAPACITY:** THE AGENCY HAS THE CAPACITY TO SUBMIT MONTHLY COST REIMBURSEMENT INVOICES AND TO MEET PROGRAM EXPENSES IN ADVANCE OF REIMBURSEMENT. IF YES, DESCRIBE THE AGENCY'S CAPACITY TO DO SO (LIMIT RESPONSE TO THE SPACE PROVIDED)

☐ YES ☐ NO

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**PROJECTS FUNDED BY THE CONTINUUM OF CARE (COC) PROGRAM MUST SERVE ONLY HOUSEHOLDS WHO ARE HOMELESS, AS DEFINED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD).**

**HOMELESSNESS DOCUMENTATION:** THE AGENCY HAS EXPERIENCE DOCUMENTING HOMELESSNESS ACCORDING TO HUD'S DEFINING "HOMELESS" RULE. IF YES, INDICATE THE NUMBER OF YEARS OF EXPERIENCE AND LIST AT LEAST ONE (1) PROJECT NAME AND FUNDING SOURCE OF A PROJECT SERVING HOMELESS HOUSEHOLDS (AS DEFINED BY HUD) CURRENTLY OPERATED BY THE AGENCY.

☐ YES ☐ NO

☐ <1 YEAR ☐ 1 TO 2 YEARS ☐ ≥3 YEARS

1.PROJECT NAME: _____	FUNDING SOURCE: _____
2.PROJECT NAME: _____	FUNDING SOURCE: _____
3.PROJECT NAME: _____	FUNDING SOURCE: _____
4.PROJECT NAME: _____	FUNDING SOURCE: _____
5.PROJECT NAME: _____	FUNDING SOURCE: _____

**PERMANENT SUPPORTIVE HOUSING (PSH) ONLY:** THE AGENCY HAS EXPERIENCE DOCUMENTING CHRONIC HOMELESSNESS ACCORDING TO HUD'S DEFINITION IN THE COC INTERIM RULE, 24 CFR § 578.3\*. IF YES, INDICATE THE NUMBER OF YEARS OF EXPERIENCE AND LIST AT LEAST ONE (1) PROJECT NAME AND FUNDING SOURCE OF A PSH PROJECT SERVING CHRONICALLY HOMELESS HOUSEHOLDS CURRENTLY OPERATED BY THE AGENCY.



*\*IN ACCORDANCE WITH THE APPLICABLE DEFINITION IN EFFECT AT THE TIME*

☐ YES ☐ NO  
☐ <1 YEAR ☐ 1 YEAR ☐ ≥2 YEARS

1. PROJECT NAME:	_____	FUNDING SOURCE:	_____
2. PROJECT NAME:	_____	FUNDING SOURCE:	_____
3. PROJECT NAME:	_____	FUNDING SOURCE:	_____
4. PROJECT NAME:	_____	FUNDING SOURCE:	_____
5. PROJECT NAME:	_____	FUNDING SOURCE:	_____

**RAPID REHOUSING (RRH) ONLY:** THE AGENCY HAS EXPERIENCE OPERATING A RAPID REHOUSING PROJECT PROVIDING SHORT- AND/OR MEDIUM-TERM TENANT-BASED RENTAL ASSISTANCE. IF YES, INDICATE THE NUMBER OF YEARS OF EXPERIENCE AND LIST AT LEAST ONE (1) PROJECT NAME AND FUNDING SOURCE OF A RRH PROJECT CURRENTLY OPERATED BY THE AGENCY.

☐ YES ☐ NO  
☐ <1 YEAR ☐ 1 YEAR ☐ ≥2 YEARS

1. PROJECT NAME:	_____	FUNDING SOURCE:	_____
2. PROJECT NAME:	_____	FUNDING SOURCE:	_____
3. PROJECT NAME:	_____	FUNDING SOURCE:	_____
4. PROJECT NAME:	_____	FUNDING SOURCE:	_____
5. PROJECT NAME:	_____	FUNDING SOURCE:	_____

**LOW BARRIER EXPERIENCE:** THE AGENCY HAS EXPERIENCE SUCCESSFULLY IMPLEMENTING A PROJECT USING A LOW BARRIER APPROACH. IF YES, LIST AT LEAST ONE (1) PROJECT NAME AND FUNDING SOURCE OF A LOW-BARRIER PROJECT CURRENTLY OPERATED BY THE AGENCY.

☐ YES ☐ NO

1. PROJECT NAME:	_____	FUNDING SOURCE:	_____
2. PROJECT NAME:	_____	FUNDING SOURCE:	_____
3. PROJECT NAME:	_____	FUNDING SOURCE:	_____
4. PROJECT NAME:	_____	FUNDING SOURCE:	_____
5. PROJECT NAME:	_____	FUNDING SOURCE:	_____

**HOUSING FIRST EXPERIENCE:** THE AGENCY HAS EXPERIENCE SUCCESSFULLY IMPLEMENTING A PROJECT USING A HOUSING FIRST APPROACH. IF YES, LIST AT LEAST ONE (1) PROJECT NAME AND FUNDING SOURCE OF A HOUSING FIRST PROJECT CURRENTLY OPERATED BY THE AGENCY.

☐ YES ☐ NO

1. PROJECT NAME:	_____	FUNDING SOURCE:	_____
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2. PROJECT NAME: _____	FUNDING SOURCE: _____
3. PROJECT NAME: _____	FUNDING SOURCE: _____
<b>MAINSTREAM SERVICES:</b> THE AGENCY HAS EXPERIENCE CONNECTING PARTICIPANTS TO MAINSTREAM SERVICE SYSTEMS. IF YES, LIST AT LEAST ONE (1) SERVICE SYSTEM THAT THE AGENCY CONSISTENTLY CONNECTS PARTICIPANTS TO.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
1. SERVICE SYSTEM: _____	2. SERVICE SYSTEM: _____
3. SERVICE SYSTEM: _____	4. SERVICE SYSTEM: _____
5. SERVICE SYSTEM: _____	6. SERVICE SYSTEM: _____
<b>CULTURALLY COMPETENT SERVICES:</b> THE AGENCY CONDUCTS OR PROVIDES ACCESS TO CULTURAL COMPETENCY TRAINING FOR ALL STAFF ON A REGULAR BASIS (NO LESS THAN ONCE EVERY THREE (3) YEARS)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DESCRIBE THE TRAINING(S), INCLUDING THE FREQUENCY (LIMIT RESPONSE TO THE SPACE PROVIDED)	
<b>CULTURALLY COMPETENT SERVICES:</b> THE AGENCY EVALUATES AND MODIFIES THE WAY IN WHICH ITS SERVICES ARE ACCESSIBLE (LANGUAGE, LOCATION, DELIVERY STYLE) TO POPULATIONS WHOSE MODES OF ENGAGEMENT ARE DIFFERENT THAN THE MAJORITY POPULATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DESCRIBE THE EVALUATION/MODIFICATION PROCESS AND HOW SERVICES ARE MADE ACCESSIBLE (LIMIT RESPONSE TO THE SPACE PROVIDED)	
<b>CULTURALLY COMPETENT SERVICES:</b> THE AGENCY IDENTIFIES SPECIFIC CULTURALLY-BASED NEEDS OF POPULATIONS AND MODIFIES THE SERVICES DELIVERED IN ORDER TO MEET THOSE NEEDS, INCLUDING ACQUIRING AND INSTITUTIONALIZING CULTURAL KNOWLEDGE	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DESCRIBE HOW THE AGENCY IDENTIFIES THESE NEEDS AND MODIFIES SERVICES (LIMIT RESPONSE TO THE SPACE PROVIDED)	
<b>CULTURALLY COMPETENT SERVICES:</b> THE AGENCY PERIODICALLY CONDUCTS A SELF-ASSESSMENT AND REVIEWS ITS CULTURAL COMPETENCY, INCLUDING OBTAINING INPUT FROM CLIENT AND NON-CLIENT CULTURALLY DIVERSE POPULATIONS	

AND KEY STAKEHOLDERS.

☐ YES ☐ NO

IF YES, DESCRIBE THE SELF-ASSESSMENT PROCESS, INCLUDING THE FREQUENCY AND HOW INPUT IS OBTAINED (LIMIT RESPONSE TO THE SPACE PROVIDED)

**HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS):** THE AGENCY WAS REQUIRED TO PARTICIPATE IN THE SLO COUNTY HMIS IN CALENDAR YEAR 2015 (JANUARY 1, 2015 TO DECEMBER 31, 2015)

☐ YES ☐ NO

**COMMUNITY PARTICIPATION:** THE AGENCY PARTICIPATES IN THE FOLLOWING COMMITTEES, GROUPS, OR MEETINGS. CHECK ALL THAT APPLY. ALSO INDICATE WHETHER THE AGENCY PLAYS A LEAD ROLE. FOR RECURRING MEETINGS, THE EXPECTATION IS THAT BOXES ARE CHECKED ONLY WHERE THE AGENCY IS PRESENT  $\geq 75\%$  OF MEETINGS.

☐ HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC) (EVERY OTHER MONTH)

☐ HSOC – SUB-COMMITTEE \_\_\_\_\_

☐ HSOC – SUB-COMMITTEE \_\_\_\_\_

☐ HSOC – SUB-COMMITTEE \_\_\_\_\_

☐ MCKINNEY-VENTO EDUCATION MEETINGS (QUARTERLY) ☐ LEAD ROLE

☐ POINT IN TIME PLANNING COMMITTEE (APPROX. 4X ANNUALLY) ☐ LEAD ROLE

☐ POINT IN TIME COUNT (1X ANNUALLY) ☐ LEAD ROLE

☐ VETERAN PROVIDERS ☐ LEAD ROLE

☐ OTHER (EXPLAIN) (FREQUENCY: BI-MONTHLY) \_\_\_\_\_

☐ OTHER (EXPLAIN) (FREQUENCY: QUARTERLY) \_\_\_\_\_

☐ OTHER (EXPLAIN) (FREQUENCY: ANNUALLY) \_\_\_\_\_

**AUTHORIZED SIGNATURE OF APPLICANT:** TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS LOCAL APPLICATION IS TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT WHO WILL COMPLY WITH ALL CONTRACTUAL OBLIGATIONS IF THE PROPOSAL IS AWARDED FUNDING. BY SIGNING BELOW, I HEREBY CERTIFY THAT THE AGENCY DOES NOT HAVE ANY OUTSTANDING MONITORING OR AUDIT FINDINGS FROM ANY FEDERAL, STATE, OR LOCAL ENTITY.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

**LOCAL APPLICATIONS FOR NEW PROJECTS MUST BE RECEIVED BY 5:00 PM ON FRIDAY, JULY 29, 2016**